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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/668,735			ling Date 23/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR		HER THAN ALL ENTITY
Г	FOR	1	NUMBER FILED NUI		NUMBER F	MBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), c	or (c))	N/A	N/A		N/A		N/A	_	1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A			N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p), o		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		mir	minus 20 = *			۱ ا	x \$ =		OR	x s =	
IND (37	DEPENDENT CLAIM CFR 1.16(h))	is	m	ninus 3 = *			1	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	E FEE sheet is \$2 addi	If the specification and drawings ex sheets of paper, the application siz is \$250 (\$125 for small entity) for e additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR			e fee due ech eof. See						
	MULTIPLE DEPEN	IJ]							
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL	
	APPL		SMAL	L ENTITY	OR	OTHER THAN SMALL ENTITY						
AMENDMENT	11-14-06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		RESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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Ā	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))						lΙ			OR		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	400
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	R PF SLY E	RESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***]	x \$ =		OR	x \$ =	
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ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						П			OR		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
*** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "lighest Anubred Previously Park of I'M THIS SPACE is less than 8.0 enter "27". If the "lighest Number Previously Paid For I'M THIS SPACE is less than 3, enter "37". The "lighest Number Previously Paid For I'M THIS SPACE is less than 3, enter "3". The "lighest Number Previously Paid For I'M THIS SPACE is less than 3, enter "3". Stella Little The "lighest Number Previously Paid For I'M THIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. This recollection is estimated to these 12 minutes to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.